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23599 7590 12/23/2003

MILLEN, WHITE, ZELANO & BRANIGAN, P.C.
 2200 CLARENDON BLVD.
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/103,528	06/24/1998	ERIC BENAZZI	PET1673	3106

TITLE OF INVENTION: EU-1 ZEOLITE CATALYST AND A PROCESS FOR THE REDUCTION OF THE POUR POINT OF FEEDS CONTAINING PARAFFINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRIFFIN, WALTER DEAN	1764	423-700000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Millen, White, Zelano &
 1 Branigan, P.C.

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INSTITUT FRANCAIS DU PETROLE

RUEIL MALMAISON, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

Harry B. Shubin, Reg. No. 32,004

(Date)

3/22/04

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03/23/2004 MGBREM2 00000266 09103528

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